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ABSTRACT

The paper describes a joint effort by the Easter Seal Society and the Arkansas State Department of Education to help rural districts provide appropriate services to orthopedically impaired students. The resulting outreach program provided on-site (school or home) evaluation of students' needs and practical guidelines in non-technical terms to meet those needs. Evaluation covered the psychological, therapy, special educational, and adapted physical education domains. Consultation was offered in both direct services (such as equipment loan, instruction in therapeutic handling and facilitation, and adaptation of games and activities) and indirect services (including help in finding funding sources for equipment and providing inservice training for staff). Program impact over a 7-year period is analyzed and ongoing challenges are noted. A program flowchart and an equipment list are appended. (CL)

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AN OUTREACH PROGRAM: ADDRESSING THE NEEDS OF THE PHYSICALLY IMPAIRED IN RURAL COMMUNITIES

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This presentation outlines the implementation of an interdisciplinary approach to providing on-site evaluation and consultation to nonspeaking orthopedically handicapped students in public schools. Background information regarding the development of this program as it impacted the delivery of services to a low incidence population in a predominately rural state will be presented. Additional factors for enhancing the quality of service delivery will be discussed.

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The 1960's was a decade of heightened interest in the civil rights of all citizens. This growing concern for individual rights produced many changes. One of the most important being the changing attitudes of the general population towards the handicapped. A significant result of this phenomenon was that legislation began to reflect those concerns. Parents, professionals and educators questioned the benefits of institutionalizing handicapped children. Many parents were convinced that the home and community setting was the best environment for their child. Consequently they sought local services for their children and this led to the adoption of a series of laws which culminated in the passage of the "Education for All Handicapped Children Act of 1975". This law required State and local educational agencies that accepted federal funds to provide a free and appropriate public education for all handicapped children. Emphasis was to be placed on special education and related services, designed through the Individual Education Plan (IEP) process, to meet the unique needs of each child.

Financial resources in many areas of the United States were inadequate to meet the special education needs of the handicapped. For that reason the 1975 act extended federal assistance to States for developing research, surveys, demonstration projects and model programs relating to education of handicapped children. According to the federal guidelines of PL 94-142, a minimum distribution of Title VI-B funds required that 75% go directly to school districts, 5% be applied to administrative costs, and 20% be used by each state at their discretion. In Arkansas, 76% was provided to individual school districts and 19% was to be used in the discretionary pool.

The availability of these discretionary funds, coupled with an acute awareness

of the need for specialized services prompted the coordinated efforts of the Arkansas Easter Seal Society and the Arkansas State Department of Education to develop an Outreach program that would assist rural school districts in providing appropriate services to orthopedically impaired students. A dual purpose was served in targeting the orthopedically impaired. Arkansas' Title VI -B discretionary funds were designated specifically for low incidence handicapping conditions. Easter Seals already served this population through its preschool, residential school and outpatient infant program. A staff of therapists and educators already possessed the expertise necessary to facilitate optimum physical and educational performance. Further motivation was supplied as former Easter Seal residents were mainstreamed into public schools throughout the state. It quickly became apparent that public school teachers were unprepared to meet the special needs of these students and few therapists were available to provide the related services these students required in order to benefit from special education.

PROGRAM DESCRIPTION

During the first grant year, 1979-80, the Executive Director of Easter Seal's and the Federal Grants officer for the State Department of Education organized program objectives and procedures outlining the delivery of evaluations and on-site consultations utilizing a team of Easter Seal therapists and educators. The primary objective was to maximize the school performance of orthopedically impaired students through the delivery of direct and indirect services by assisting school districts in providing an appropriate educational program for orthopedically impaired students in compliance with PL 94-142.

To meet these goals, the evaluation/consultation process was geered toward helping school staff, the orthopedically impaired student and his/her family solve educational, behavioral and physical management problems that prevented these students from receiving the full benefit of a public education.

Originally, students were to be evaluated at Easter Seals in Little Rock, Arkansas, by a team of therapists, including occupational and physical therapists, speech-language pathologists, educators, a social worker and psychological examiner.

Following the evaluation, Easter Seal personnel would travel to the school to provide inservice training to the individuals delivering direct services. Reference material and written instructions were provided and Easter Seal personnel were available for consultation when special problems arose. Follow up visits to the school during the year were planned to assure that therapies and programs were effective in reaching the goals established for that student.

Feedback from school personnel and families indicated that the on-site portion of the Outreach consultation was the most effective part of the project. Consequently the following year, the Outreach team (still consisting primarily of Easter Seal staff) provided the evaluation/consultation at the individual's school or home if so arranged by the school.

Services

The services offered during the evaluation/consultation visits included:

A. Evaluation

1. Psychological
   a. Intelligence (level of functioning)

b. Emotional adjustment
c. Psychosocial relationships (self-image, school adjustments, peer relationships)

2. Therapy
   a. Speech and language (augmentative communication)
   b. Gross and fine motor skills
   c. Sensorimotor integrative functioning (visual-perceptual skills)
   d. Self-help skills (dressing, feeding, hygiene and and assistive devices or equipment needed for these)
   e. Functional mobility (wheelchair, walker, etc.)
   f. Pre-vocational assessment

3. Educational (special)
   a. Achievement testing
   b. Computer use in classroom (accessibility, peripherals)
   c. Behavioral management

4. Adapted Physical Education
   a. Motor skills
   b. Leisure activities

B. Consultation

1. Direct Services
   a. Providing advisory assistance in writing IEP's
   b. Assessing architectural barriers
   c. Determining activities to promote: pre-speech and language development, augmentative communication systems, articulation; gross and fine motor skills; sensorimotor/ perceptual motor skills and classroom functioning, e.g. writing, reading.
   d. Loaning equipment on a short term basis, e.g. augmentative communication devices, feeding systems, positioning equipment, computers, etc.
   e. Instructing in therapuetic handling and facilitation
   f. Adapting classroom seating and wheelchairs
   g. Integrating computers into curriculum, interfacing with augmentative communication devices
   h. Adapting games and activities for physical education and recreation

2. Indirect Services
   a. Locating available services and resources in the community
   b. Assisting in locating funding sources for equipment
   c. Providing inservice training for therapists, teachers and aides
   d. Sponsoring and presenting at regional and statewide workshops

Staff Development:

The 1979-80 grant from the Arkansas Department of Education provided staff

positions for a Project Specialist, a psychoeducational examiner, and an administrative assistant. The Project Specialist served as program coordinator and occupational therapist, while the psychoeducational examiner provided expertise in testing non-speaking and orthopedically impaired students. All other therapy evaluations (speech and physical) were provided by in-house Easter Seal personnel. Requests for services began to surpass the availability of the in-house therapists, and plans for expanding the Outreach staff were incorporated into the 1980-81 grant application. Positions for a physical therapist and a psychoeducational examiner for the hearing impaired were filled that year. In 1982-83 the grant was amended to incorporate augmentative communication evaluation services and a speech-language pathologist was employed. Staff turnover left the program at the end of the year with only a Project Specialist. During the 1983-84 grant year, additional, occupational, physical and speech therapy services were provided on a contract basis.The 1984-85 grant provided positions for a full team of therapists, which was hired by mid-year. Since that time the Outreach staff has consisted of a Coordinator, an occupational therapist, a physical therapist, a speech-language pathologist, a special educator and an adapted physical educator. Additional contract services were provided by a physical therapist and three psychoeducational examiners through 1986-87.

Admission criteria

Orthopedic impairment as defined by PL 94-142 includes the following diagnoses: amputations, arthritis, cerebral palsy, muscular dystrophy, spina bifida and traumatic injury. Students age 5-21 with one or more of these diagnoses who attend public schools were eligible to receive Outreach services. All referrals to Outreach were received through the LEA Supervisor.

(See appendix 1 for referral process flow chart)

Although public schools were Outreach's target sites the program also served orthopedically impaired students placed by their school district in other educational settings, such as Developmental Disabilities Day Service Centers.

Outreach also provided services to preschool students and others who were undiagnosed, but had symptoms of orthopedic impairment, such as limited reach or unusual gait. These children were served under the authority of the Child-Find provisions of PL 94-142 and the States Special Education regulations.

PROGRAM STRUCTURE

All students were referred to Outreach through their Local Education Agency Supervisor (LEA). If teachers, parents and/or directors of Developmental Disabilities Day Service Centers referred a student, the LEA for that school district was contacted by the Outreach Coordinator. A referral packet was mailed to the referral source and upon receipt of the completed packet the visit was scheduled. A referral packet contained the following forms: information/referral, social-developmental history, informed consent for release of records and publicity release. The Outreach Coordinator assigned appropriate staff specialists and approved a team leader who would schedule the appointment, plan the evaluation/consultation schedule, and lead the entrance and exit conference.

Upon arrival at a school, the LEA Supervisor and other members of the school

staff who were directly involved with the referred student(s) conferred with the Outreach staff. Parents were invited to attend the entrance conference at the discretion of the school.

Following this conference Outreach evaluated the student and during the consultation that followed, equipment loan possibilities were explored. If equipment for on-going evaluation purposes was needed, the loan procedure was completed. The need for other referrals was also discussed and assistance provided in locating appropriate resources.

Outreach staff, school personnel, parents and the student, when appropriate, participate in the exit conference. Evaluation findings and recommendations were reviewed orally and a written report followed within one month of the visit.

Equipment, if loaned, was returned by the school within the designated time frame, typically 6-8 weeks. Upon the request of the school, parents or student for a follow-up visit, the Outreach Coordinator notified the LEA Supervisor and the procedural process for a school visit was reinstated.

During the fiscal year, the Outreach Coordinator was responsible for monitoring all aspects of the Outreach Program. The Director of Outpatient Childrens services assisted as needed in program management and the Easter Seal's accounting department provided billing and payroll services. The State Department of Education Special Education Division and the Federal Grants officer monitored the program at the end of each fiscal year.

EVALUATION OF IMPACT

A review of services provided during the first seven years (1979-86) of operation revealed a steady increase in both the quantity and quality of services. Each year, the number of students served, equipment loaned, and workshop participants rose as did the number of services offered. Staff training through continuing education opportunities and experience gained from working as a team also contributed to increased quality of service.

During the 1979-80 grant year approximately 110 students were seen by a combined Outreach team and Easter Seal core staff. Incomplete records prevent comparison of that year to the following six. The number of students served from 1980-1986 reflect a steady increase in requests for Outreach services. Each year all appropriate referrals were completed with the exception of a backlog of cases at the end of the 1982-83 school year. Those students were seen the following year. From 1979-84 service requests were met by a combined Outreach and Easter Seal core staff. By mid-year 1984, the Outreach staff had expanded to three full time and three part time consultants and the Easter Seal core staff was no longer utilized on a regular basis. (See diagram A)

The equipment loan program was established during the third year of operation (1983-84). Loan protocol required that each piece of equipment be evaluated by the Outreach therapists and if continued use was recommended a short term loan was instituted. All appropriate personnel were instructed in the proper care and maintenance of the equipment. This loan program enabled school districts to evaluate the effectiveness of special equipment, such as augmentative communication devices, computers, feeding systems and alternate

positioning systems before making purchase decisions. During the first loan year a total of 35 pieces of equipment was loaned, three of which were augmentative communication devices. In 1985 and 1986 total equipment loan increased to 46 items and 65 items. The number of augmentative systems loaned during those two years was 16 and 24 respectively. (See diagram B) By 1986 over 100 items were available for loan. (See appendix B) As a result, 40 students have utilized augmentative communication systems at home and in school. Funding for augmentative communication systems for students evaluated by Outreach has been obtained through public school districts, Children's Medical Services and private fund raising. Individual public school districts purchased five augmentative communication systems based on the Outreach interdisciplinary team evaluation. Children's Medical Services is a Division of Social Services through the Arkansas Department of Human Services. Criteria for approval on three augmentative communication systems inculded the interdisciplenary team evaluation and a physician's prescription. Private fund raising for one augmentative communication system included a benefit concert. Presently funding for two ACS's is pending with Arkansas Blue Cross/Blue Sheild.

The greatest area of increased services was evident in the number of workshop participants which rose from 160 in 1980 to 740 in 1986. (See diagram C). Outreach was able to provide therapists and educators with valuable training in their own schools and communities. Often professionals in rural communities were isolated and would have been unable to pursue continuing education opportunities otherwise.

Many school therapists and educators were not equipped to deal with the

specialized needs of the orthopedically impaired student. Training was necessary in order to help them more accurately access a students abilities, especially if that child was non-verbal in addition to his physical limitations. Teachers and aides had to become familiar with techniques to prevent abnormal muscle tone from interfering with class work, and how to position a child to facilitate his best response. Guided hands-on experience was often required before school staff could therapeutically feed a child who was unable to chew and had difficulty swallowing. By providing both statewide and regional workshops that covered these and many other topics, Outreach was able to assist school districts in creating more knowledgable persons within their own communities.

LONG RANGE PLANS

A number of factors were identified as potential areas of expansion for Outreach services. One such area was the need for consultative services and workshop training for school staff regarding pre-vocational programming and vocational readiness; along with this there would be a greater need for more intensive training of therapists and educators in augmentative communication and computer interfacing. An expansion into this area of need would require the addition of a therapist with experience in pre-vocational programming as it relates to school aged clients. Because this type of service has not been utilized in the past, and only recently has it come to the forefront in education, this position would be best designated on a contract for service basis.

Secondly, an early identification screening service would identify children in

public school kindergartens with minimal brain dysfunction or mild cerebral palsy. Planning services for early intervention and remediation would then be more effective. The 1987 legislative session of the Arkansas General Assembly will consider House Bill 1383 which authorizes such a program.

An expansion of the interagency cooperation already in effect would be to utilize Outreach to train and establish other teams, each physically located in Arkansas regional educational cooperatives. Eleven regional centers have been established at this time. If these centers each housed service teams, school districts would then have more immediate access to therapy evaluations, inservice training, workshops and equipment loan. Therapists would travel only in specific regions rather than covering the entire state, thereby allowing frequent follow ups and increasing the quality of service each student received. Gradually, Outreach would concentrate more in the area of training and equiping individual regional centers and less on providing direct services to students. This would allow the state to comply with the Education of the Handicapped Ammendments of 1986, in P.L. 99-457.

SUMMARY

The collaboration between the State Department of Education and the Arkansas Easter Seal Society resulted in a service that was able to channel available federal funds to provide a service that neither organization could have provided alone. Over a seven year funding period, the total cost of operation was $809,357.00, bringing the average cost per client served to $924.00. (See appendix C) It is unlikely that the Easter Seal Agency would have operated this program if it depended upon contracts with each school district for reimbursement. Without such federal assistance, the needs of the children

served by this program would, in many cases, have gone unmet.

Various programs geered specifically toward evaluating students communication and seating needs have been developed throughout the United States. Evaluation centers offer valuable assistance in providing appropriate recommendations, but often those left to carry them out have not received adequate instruction to insure follow through. The greatest strength of the Arkansas Outreach program has been its on-site service delivery model. Each student was evaluated in his school environment, and all recommendations were attempted and demonstrated to school personnel. The reports were written in terms that parents and laymen could easily understand. Follow up visits and telephone conferences allowed continued contact with the student and school in order to resolve any difficulties that arose.

An ongoing challenge identified over the seven year period was the inevitable turnover in school personnel and the need for new staff to be trained. Schools have not always recognized the importance of follow through and carry over from year to year, on their part, regarding solutions achieved in classroom adaptations, the use of special equipment, and educational programming, etc. This information was not always passed on to subsequent teachers. Each year the wheel was reinvented, and valuable time lost from that students academic schedule. The need to communicate this responsibility was vital if Outreach was to have any lasting impact on the education of orthopedically impaired students.

In an attempt to remediate this situation the Outreach team members must insure that school personnel understand the importance of sharing consultation

results with new teachers, aides and therapists. Prior to scheduling a school visit the team leader should be responcible for helping school personnel determine how they can get the most out of the consultation process. This will require increased pre-site contacts. All consultations should end with an oral review of evaluative findings in an exit conference, and school personnel should be encouraged to write down information reviewed and a tape recording of the conference left at the school. Copies of the report should be kept readily available and be read by all persons working with the student.

The struggle to obtain civil rights for handicapped individuals has not ended simply with the passage of a series of laws mandating equal educational opportunities. Just as attitudes and conventions have begun to change in regard to discrimination against persons due to race and sex, so too will many attitudes and prejudices have to undergo radical changes before physically handicapped students experience the fruits of an appropriate education.

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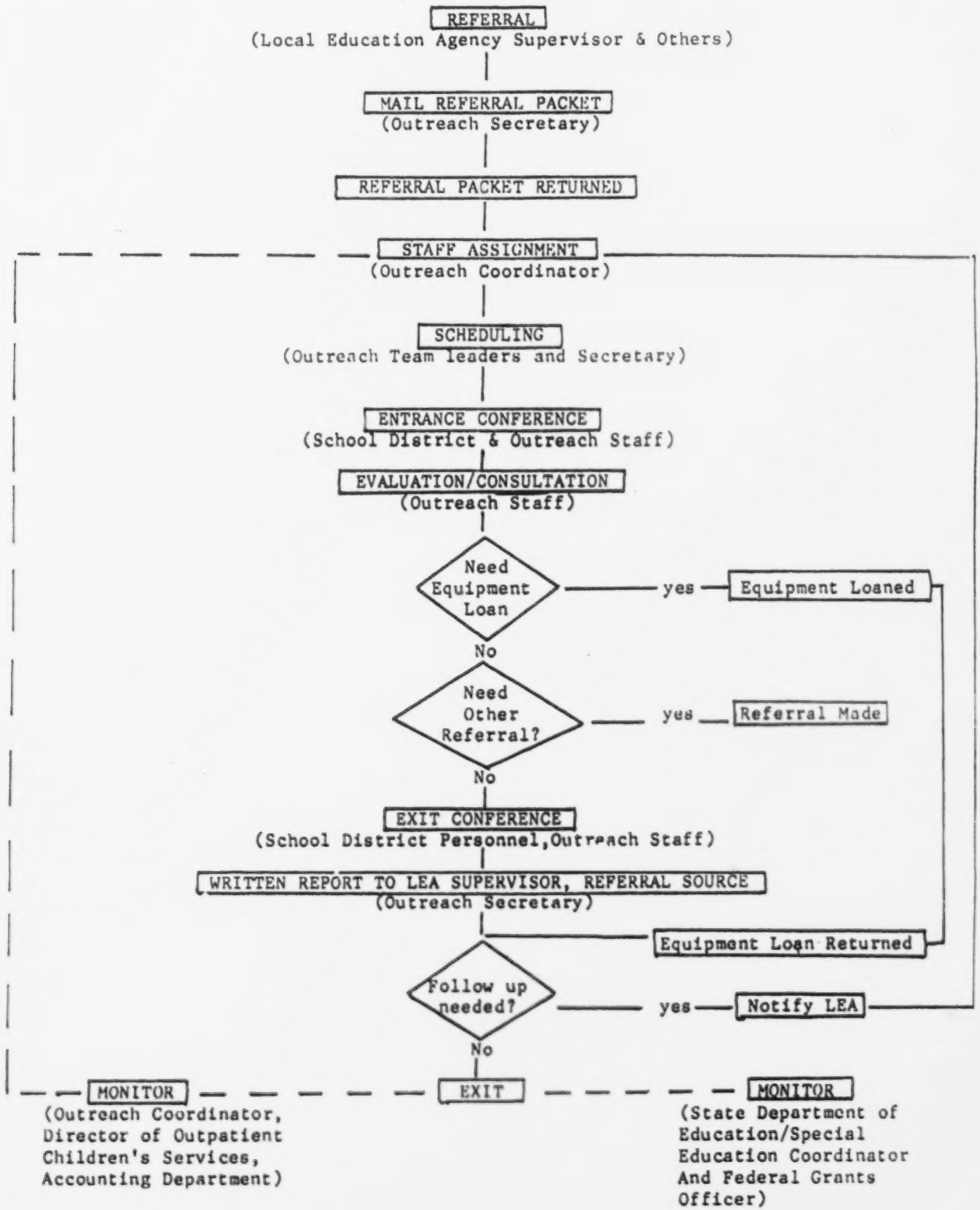
United States Code, (1983) "Education of the Handicapped", Education, Title 20, 8:465-490. U.S. Government Printing Office, Washington.

The Outreach program structure is outlined in the following flow chart:



Note: Students exit the program each year but may re-enter each year to age 21

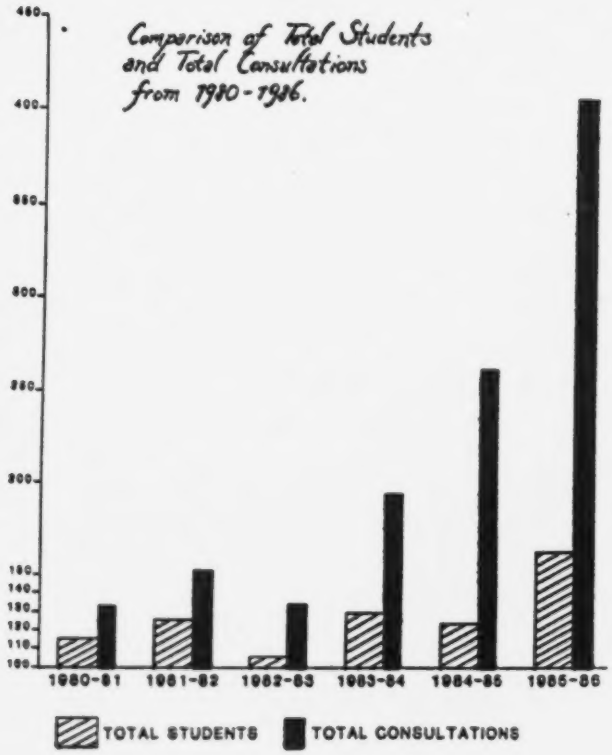


DIAGRAM A

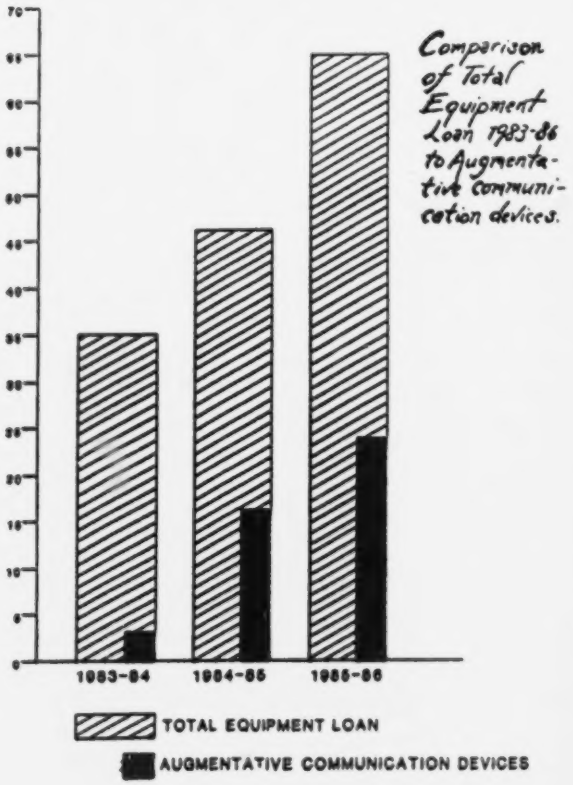


DIAGRAM B

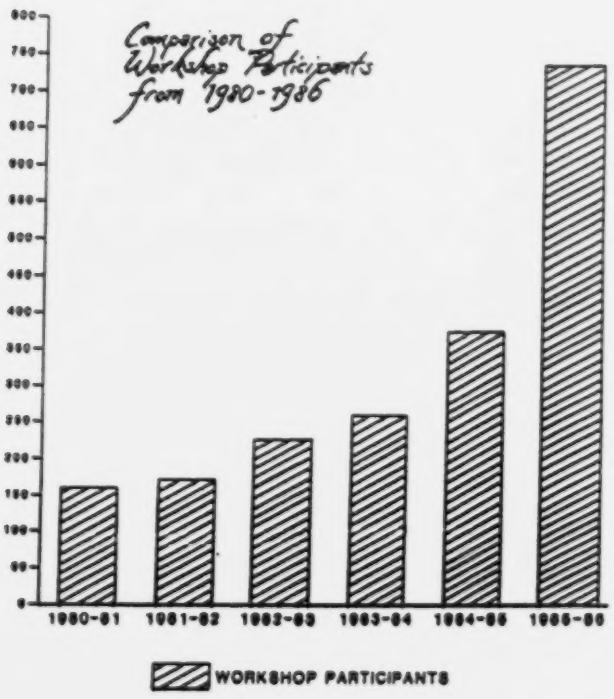


DIAGRAM C

Appendix B
EQUIPMENT LIST
January 1987

Chairs/Seats:

BC 162	Large Corner Chair on Casters with tray
SI 125	Seat insert (MPI)
F105 small	Tumbleforms feeder seat
F105 large	Tumbleforms feeder seat
SI 115	Seat insert (blue)
SI 116	Seat insert (blue)
CS 208	Carrie Seat/tumbleforms with tray, footrests, head support
CC 163	Corner Chair (large) Kaye Products on casters with tray
BC 138	Bolster Chair with tray
BC 200	Bolster Chair
CC 146	Corner chair on casters with tray
BMc112	Bobby Mac Car Seat
BC 160	Bolster Chair
BC 139	Bolster chair on casters with tray and footplate
SI 140	Blue
CC 132	Corner chair without roller base

Standers

FS 143	Flexistand (Mexico) with pelvic and chest band
PS 118	Prone Stander

Wheelchairs and trays

WC 1	Wheelchair
WC 189	Wheelchair (growing)
PB 104	Pogon Buggy
WcT 102	Tumbleform wheelchair tray
WT 207	White wheelchair tray/adjustable
LT 217	Wheelchair tray/adjustable
PB 218	Pogon Buggy II

Walkers

W 106L	Folding Walker
W 107L	Folding Walker
W 108S	Folding Walker with rolling front wheel
W 169	Walker large
RW 215	Rolling Walker (4 wheels)
RW 216	Rolling Walker (2 wheels)

Bookholders

BH 191	Book holder
BH 134	Book holder (easel type)
E - 170	Acrylic bookholder
E 165	Desk top easel
E 172	Wooden easel
E 201	Wooden easel

Feeders

CPFE 158	CP Feeder Electric
CP-142	CP Feeder

Therapy Equipment:

SB 168	Scooter board (blue)
RB 150	Rocker board
W 131	Wedge (green withvelcro straps)
SB 137	brown scooterboard
SL 117	Side lyer
B 209	Small blue bolster(UALR)
B 210	Red bolster (UALR)
B 211	Blue bolster (UALR)

Toilet and Bathroom Equipment

BSC - 110	Bath Support Chair
TS 127	Toilet Seat (yellow)

Misc.

SB 190	Sliding Board

Computers

AC 100	Apple II E 2 disc drives #1334726 #824745
AC - 167	Apple Computer
M - 196	Apple Color Monitor Serial #5057216
ETP - 129	Electric Typewriter Printer
ETP - 130	Electric Typewriter Printer
EC - 114	Epson Computer and Case Serial # 11743
IBM 202	IBM Color monitor
IBM 203	Dual Disk Drives
IBM 204	IBM Keyboard
IBM 206	IBM Keyguard
IBM 208	IBM Software
E 213	Brother Printer
C 212	Power Pad (peripheral)

OUTREACH EQUIPMENT NOT TO BE LOANED

VC - 201	RCA Camcorder Camara 54963025 Viewfinder 549630205 Adaptor 545280119 Accessories: lenscap, carrying handle, shoulder strap, ear phone, AC adaptor/charger Standard battery 08060 Audio/Video output cable

not to be loaned cont.

SP - 120	Slide Projector
C - 121	Carousel
C - 122	Carousel
C - 123	Carousel
C - 124	Carousel

Augmentative Communication

Z-201	Zygo Adaptor (PCR)
WP - 153	Words + Portable Voice
WM-K - 188	Wheelchair Mounting Kit WCMK - 55 WCMK - 4
SP 204	Message Maker, Type and Speak (Touch & Speak Software Programs)
SW - 186	Radio Shack's On/Off footswitch
SW - 187	Radio Shack's On/Off footswitch
SW - 184	Radio Shack's on/off footswitch
SW - 183	Burkihart's Head Control Switch (Mercury)
SW - 179	Kanor's vertical Plate Switch
SW - 200	Kanor's Vibrating Plate Switch
VC - 156	Vocaid Serial #1102 430
SW - 201	Mini-rocking lever switch Set 25-0
TT - 175	Touch Talker Model TT-1 Ser#325
V - 177	Vois 135 Ser #85120123
HP - 198	Zygo Headpointer Ad-1
SW - 203	Kanor's Push on Push off module
JS - 174	Joystick Model JS-4 for light talker set 45-T
LT - 176	Light Talker Model LT-1 Ser# 170
MIN - 157	Minspeak Serial #9
OH - 173	Optical Headpointer Model OH-2 Viewpoint Optical Indicator VOI-6 OH-2 Serial #180 VOI-6 Serial #62
EXP - 155	Express III Serial #337
EC - 206	Kanor's Environmental Control Switch
EK - 195	Expanded Membrane Keyboard I Lot #30136 Model 1 Unicorn
ET - 159	E-Tran
C - 182	Kanor's Clock Communicator
C - 199	Kanor's Clock Communicator
CC - 192	Canon Communicator Serial #M600154
CC - 193	Canon Communicator Serial #M600155
AC - 205	Aug. Comm Assesment Resource
AT - 202	All Talk Serial # 132 (accessories include: battery charger, microphone, cassette tape recorder, 2 gray cables - , 4 small square overlays 5 square overlays
AFC - 197	Adaptive Firmware Card Serial #846986 Version 2E
AT - 181	Adapted Toy Music Box TV (Kanor)
AT - 180	Mambo Elephant Adapted Toy
AT - 178	Fireman Ladder Adapted Toy
E - 171	Brother BP-30 Typeagraph printer

P - 194	Epson Spectrum LX -80 Printer Model #P82RA Serial #04011926
TT 205	Touchtalker
SP 207	Speech Pac with Epson (EC 114)
ES 214	Echo Speech Sythesizer